

AFFIRMATIVE EMPLOYMENT PROGRAM REPORT ON SPECIAL EMPHASIS PROGRAM (TRADOC Suppl 1 to AR 690-12)					DATE OF REPORT		REQUIREMENTS CONTROL SYMBOL ATPL-93				
NAME OF INSTALLATION:			FOR QUARTER ENDING:		PREPARER OF REPORT:			TELEPHONE NUMBER:			
PROGRAM MANAGERS' NAMES					FULL TIME	PART TIME	CD	LENGTH OF TIME IN POSITION			
AEPM:											
FWPM:											
HEPM:											
BEPM:											
Installation Geographical Civilian Labor Force: Indicate whether you use national, state or SMSA and for what categories; e.g., National for white women, SMSA of Newport News/Hampton, VA for all others. Complete only for initial report and then when changes occur.											

		TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
		M	F	M	F	M	F	M	F	M	F	M	F
NAF TOTAL WORK FORCE	#												
	%												
AF TOTAL WORK FORCE	#												
	%												
CLF REPRESENTATION (%)													
PAY GRADE DISTRIBUTION													
GS 1-4	#												
	%												
GS 5-8	#												
	%												
GS 9-12	#												
	%												
GS 13+	#												
	%												
GM 13+	#												
	%												

PROMOTIONS BY PAY GRADE		TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ ALASKAN NATIVE	
		M	F	M	F	M	F	M	F	M	F	M	F
WD/WG 13-15	#												
	%												
WL/WN/ WS 1-4	#												
	%												
WL/WN/ WS 5-9	#												
	%												
WL/WN/ WS 10-11	#												
	%												
WL/WN/ WS 12-15	#												
	%												
TOTAL													
NEW EMPLOYEES BY PAY GRADE													
GS 1-8	#												
	%												
GS 9-12	#												
	%												
GS 13+	#												
	%												
GM 13+	#												
	%												
WD/WG 11-12	#												
	%												
WD/WG 13-15	#												
	%												
WL/WN/ WS 1-4	#												
	%												
WL/WN WS 5-9	#												
	%												

NEW EMPLOYEES BY PAY GRADE		TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
		M	F	M	F	M	F	M	F	M	F	M	F
WL/WN/WS 10 - 11	#												
	%												
WL/WN/WS 12 - 15	#												
	%												
TOTAL													
AFFIRMATIVE EMPLOYMENT PROGRAM GOAL ACCOMPLISHMENTS													
EMPLOYMENT CATEGORY		TARGETED ETHNIC GROUP		INSTALLATION GOAL		ACCOMPLISHMENT FOR THIS PERIOD		# REMAINING TO MEET GOAL					
PROFESSIONAL													
ADMINISTRATIVE													
TECHNICAL													
CLERICAL													
OTHER													
WAGE SYSTEM													
TOTAL													
TRADOC TARGETED SERIES													
081													
204													
334													
345													
510													
522													
525													
856													
1102													
1710													
1712													
2005													
4749													

AFFIRMATIVE EMPLOYMENT PROGRAM GOAL ACCOMPLISHMENTS (Continued)													
TRADOC TARGETED SERIES		TARGETED ETHNIC GROUP		INSTALLATION GOAL		ACCOMPLISHMENT FOR THIS PERIOD		# REMAINING TO MEET GOAL					
5703													
TOTAL													
(Report the following information on the fourth quarter report only:)													
AWARD DISTRIBUTION		TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
		M	F	M	F	M	F	M	F	M	F	M	F
CASH AWARDS	#												
	%												
QUALITY STEP INCREASE	#												
	%												
OUT-STANDING PERFORMANCE	#												
	%												
MERIT AWARD	#												
	%												
SUSTAINED ACHIEVEMENT AWARD	#												
	%												
OTHER	#												
	%												
TOTAL													
TRAINING BY TYPE													
EXECUTIVE AND MANAGEMENT	#												
	%												
SUPERVISORY	#												
	%												
LEGAL, MEDICAL, SCIENTIFIC OR ENGINEERING	#												
	%												
ADMIN AND ANALYSIS	#												
	%												
SPECIALTY AND TECHNICAL	#												
	%												

TRAINING BY TYPE		TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
		M	F	M	F	M	F	M	F	M	F	M	F
CLERICAL	#												
	%												
TRADES AND CRAFTS	#												
	%												
ORIENTATION	#												
	%												
ADULT BASIC EDUCATION	#												
	%												
TOTAL													

(Report the following information on the fourth quarter report only:)

UPWARD MOBILITY PROGRAM TRADOC TRAINING AGREEMENT (Indicate which is used)	TARGET POSITION (Title, grade, series)	ORGANIZATION	ETHNIC GROUP	SEX

	TOTAL		WHITE		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF EEO COUNSELORS												
NUMBER OF EEO COUNSELORS RECEIVED DA TNG												
NUMBER OF EEO COUNSELORS RECEIVED ADDITIONAL TNG												

POSH TRAINING

SUPERVISORY		EMPLOYEES	
NUMBER OF CLASSES	NUMBER IN EACH CLASS	NUMBER OF CLASSES	NUMBER IN EACH CLASS